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## APPLICANTS

Werner Schuhmann, Munchen, GERMANY;

Johann Hien, Munchen, GERMANY;

\*\* CONTINUING DATA \*\*\*\*\* None SL

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None SL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY GERMANY	SHEETS DRAWING 7	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials SL		

## ADDRESS

26799  
 IP LEGAL DEPARTMENT  
 TYCO FIRE & SECURITY SERVICES  
 ONE TOWN CENTER ROAD  
 BOCA RATON , FL  
 33486

## TITLE

Waterproof patient handset

FILING FEE  RECEIVED 986	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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